## SCANNED JUN \$ 1 2013

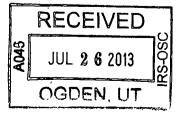
Department of the Treasury

## Political Organization Report of Contributions and Expenditures

OMB No 1545-1696

► See Seperate instructions.

1 Name of organization Franklin Republican Women's Club 2 Mailing address (P O. Box or number, street, and room or suite number) P O Box 1054 City or town, state, and ZIP code Franklin, LA 70538 3 E-mail address of organization 4 Date organization			·	orate meaderens.	- 000 00		a Service	emau Heve
1 Name of organization Franklin Republican Women's Club 2 Mailing address (P O. Box or number, street, and room or suite number) P O Box 1054 City or town, state, and ZIP code Franklin, LA 70538 3 E-mail address of organization Franklinnw@bellsouth.net 5a Name of custodian of records 5b Custodian's address 5843 Hwy 83 Franklin, LA 70538 6a Name of contact person 6b Contact person's address Same 7 Business address of organization (if different from malling address shown above). Number, street, and room or suite numb City or town, state, and ZIP code 8 Type of report (check only one box) a First quarterly report (due by April 15) b Second quarterly report (due by July 15) c Third quarterly report (due by July 15) d Year-end report (due by January 31) e Mid-year report (Non-electron year only-due by July 31)  9 Total amount of reported contributions (total from all attached Schedules A). 9 Total amount of reported expenditures (total from all attached Schedules B). 10 Under penalties of penury. I deciate that I have examined this report, including accompanying schedules and statements, and to the be support, including accompanying schedules and statements, and to the be support in the post-general election reports, and to the be support, including accompanying schedules and statements, and to the be support.	, 20 13	June 30 , 20 13	and ending .	,20 13	01	January	e period beginning	For
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For Paperwork Reduction Act Notice, see separate instructions.  Cat No 30406G Form	n <b>8872</b> (11-200)	Form <b>8872</b>	Cat No 30406G	s. (	nstructio	e, see separate i	work Reduction Act No	or Pape
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Schedule A <u>Itemized Contributions</u> Name of organization Franklin Republican Women's Club		Schedule A page 1 of 1 Employer identification numbe 72 1124619	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	<del></del>	
-	Name of contributor's employer	Amount of contribution	
Aggregate below threshold	Contributor's occupation		
	Sommer of Societation	\$ 2187.0	
	Aggregate contributions	Date of contribution	
	Aggregate contributions year-to-date ▶ \$	Various	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation		
		\$	
	Aggregate contributions	Date of contribution	
	year-to-date ▶ \$		
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation	<del></del>	
		\$	
	Aggregate contributions	Date of contribution	
	year-to-date ▶ \$		
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation		
		\$	
	Aggregate contributions	Date of contribution	
Contributor's name, mailing address and ZIP code	year-to-date > \$ Name of contributor's employer	Amount of contribution	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of Contribution	
	Contributor's occupation		
	·	\$	
	Aggregate contributions	Date of contribution	
	year-to-date > \$		
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation		
		<b>\$</b>	
	Aggregate contributions	Date of contribution	
Cantile dada asses mailing address and 710 and	year-to-date > \$	Amount of contribution	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation		
	Contributor o Cocupation	s	
	Aggregate contributions	Date of contribution	
	year-to-date > \$		
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	Contributor's occupation		
	25.model o obseption	\$	
	Aggregate contributions	Date of contribution	
	year-to-date > \$		
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution	
	Contributor's occupation		
	·	\$	
	Aggregate contributions	Date of contribution	
	year-to-date ▶ \$		
	Enter here and also include this amount in the total on	t 0	

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization	Employer identification number	
Franklin Republican Women's Club		72:1124619
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
Community Foundation of Acadiana 1035 Camellia Boulevard. Suite 100	N/A Non-profit organization	\$ 1968.58
Lafayette, LA 70508	Recipient's occupation	Date of expenditure
	N/A	02/06/13
Purpose of expenditure		
Donation to Wounded Soldiers Fund		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
ouisiana Federation of Republican Women	N/A Political Organization	\$ 1435.0
P O Box 12728 New Iberia, LA 70562	Recipient's occupation	Date of expenditure
	N/A	., .
Purpose of expenditure		Various
Dues and fees		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
Cafe JoJo's Restaurant P O Box 71	N/A Business	\$ 1026.4
Morgan City, LA 70381	Recipient's occupation	Date of expenditure
	N/A	05/16/13
Purpose of expenditure		00/10/10
Meals for membership meeting		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
Broussard, Poche', Lewis and Breaux, LLC 116 W. Main St. New Iberia, LA 70560	N/A Business	\$ 665.0
	Recipient's occupation	Date of expenditure
	N/A Business	06/13/13
Purpose of expenditure		00/10/13
CPA fees		
Recipient's name, mailing address and ZIP code	Nome of requirements appropriate	Amount of overediture
	Name of recipient's employer	Amount of expenditure
Aggregate below threshold		\$ 1993.9
	Recipient's occupation	Date of expenditure
		Various
Purpose of expenditure		
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
,		·
		\$ Data of a sandatura
	Recipient's occupation	Date of expenditure
Purpose of expenditure		
Subtotal of expenditures reported on this page of	inly. Enter here and also include this amount in the	total on \$ 7088.9
line 10 of Form 8872	<b>8</b>	▶ \$ 7088.9 Form <b>8872</b> (11-20